

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED Permit #:

14-00339

Date:

8-1-14

Amount Paid:

\$75.00

Refund:

Date Stamp (Received)

JUN 23 2014

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☒ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Recorded Document: (i.e. Property Ownership)

Volume 974 Page(s) 22

Address of Property:

City/State/Zip:

Cell Phone:

Plumber Phone:

Contractor:

Contractor Phone:

Plumber:

Written Authorization Attached ☐ Yes ☒ No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Plumber Phone:

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PLN: (23 digits) 04-004-2-44-09-02-4 01-000-3000

Recorded Document: (i.e. Property Ownership)

Volume 974 Page(s) 22

Section 2, Township 44 N, Range 9 W

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Lot Size

Acres

20

Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?

If yes---continue

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☒ No

Are Wetlands Present? ☐ Yes ☒ No

Non Shoreland

Value at Time of Completion * include donated time & material

Project (what are you applying for)

of Stories and/or basement

Use

of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water ☐ City ☒ Well

\$ 2,500

☐ New Construction

☒ Addition/Alteration

☒ 1-Story + Loft

☐ Seasonal

☐ 2 (New) Sanitary Specify Type: Sanitary

☐ Conversion

☐ 2-Story

☐ Basement

☐ 3

☐ Sanitary (exists) Specify Type: Sanitary

☐ Relocate (existing bldg)

☐ Privy (Pit) or Vaulted (min 200 gallon)

☐ Run a Business on Property

☐ No Basement

☐ Foundation

☐ Portable (w/service contract)

☐ Compost Toilet

☐ None

Existing Structure: (if permit being applied for is relevant to it)

Length:

Width:

Height:

Length:

Width:

Height:

Proposed Construction:

Length:

Width:

Height:

Length:

Width:

Height:

Proposed Use

☒

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

with a Porch

with (2nd) Deck

with Attached Garage

Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify) deck

Accessory Building (specify) deck

Accessory Building Addition/Alteration (specify) deck

Special Use: (explain) deck

Conditional Use: (explain) deck

Other: (explain) deck

Residential Use

☒

Commercial Use

☐

Municipal Use

☐

Rec'd for Issuance

☐

AUG 01 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sam & Sarah

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Sam & Sarah

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

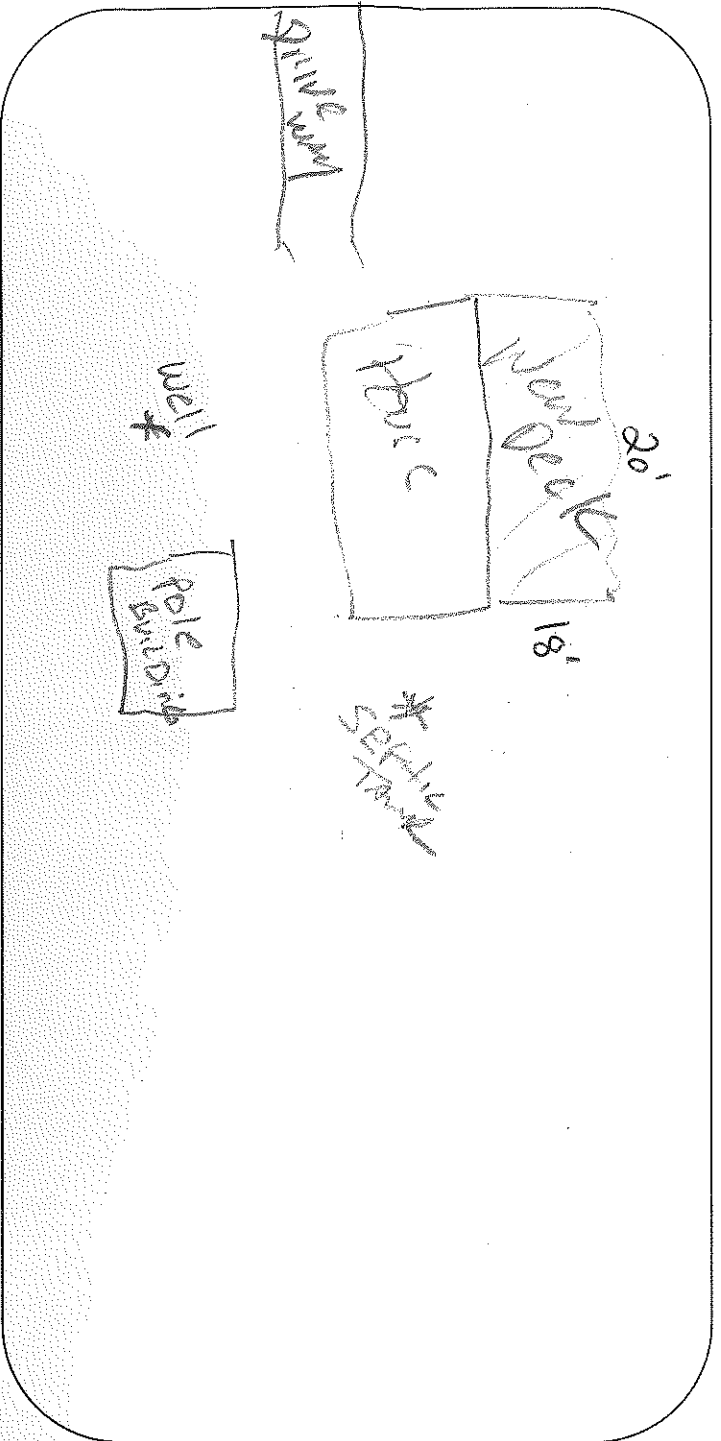
Copy of Tax Statement ☒

Attach ☒

Date 6-18-14

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	240' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	220' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	950' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	Feet
Setback from the West Lot Line	350' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	200' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	6' Feet	Setback to Well	17 Feet
Setback to Drain Field	6' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-525	# of bedrooms: 2	Sanitary Date: 7-24-14			
Permit Denied (Date):	Reason for Denial:						
Permit #: 14-0239	Permit Date: 8-1-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Inspected by: M. Farkas						
Date of Inspection: 7-1-14	Zoning District (R-3)						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Need lock & chains on septic tank.							
Need new sanitary.							
Signature of Inspector: Michael Farkas							
Held For Sanitary: X OK	Held For TBA: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>	Date of Approval: 7-2-14			

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)
JUL 25 2014

Bayfield Co. Zoning Dept.

\$125

Permit #:	14-0035
Date:	8-1-14
Amount Paid:	\$125 7-25-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>James P. Clements</u>	Mailing Address: <u>3109 Hwy 29</u>	City/State/Zip: <u>Spring Valley, WI</u>	Telephone: <u>715 54767</u>
Address of Property: <u>XXX E. Island Dr.</u>		City/State/Zip: <u>Barnes, WI 54873</u>	Cell Phone: <u>772-4534</u>
Contractor: <u>SELF</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION		Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-004-2-45-09-17-2-00-200-35000</u>
<u>1/4, 1/4</u>		Gov't Lot	Lot(s)
<u>17</u> , Township <u>45</u> N, Range <u>9</u> W		CSM	Vol & Page
		Lot(s) No.	Block(s) No.
		<u>38</u>	
Section <u>17</u> , Township <u>45</u> N, Range <u>9</u> W		Town of: <u>Barnes</u>	
Subdivision: <u>Iroquois Add'to. P.E.</u>		Recorded Document: (i.e. Property Ownership) Volume <u>1134</u> Page(s) <u>694</u>	
Lot Size		Acreage	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—Continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—Continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$15,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Place m.h.	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>52</u>	Width: <u>14</u>	Height: <u>10</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> with Loft		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> with a Porch	<u>covered</u>	(<input checked="" type="checkbox"/> X)	<u>160</u>
	<input type="checkbox"/> with (2 nd) Porch	<u>entryway deck</u>	(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> with a Deck		(<input checked="" type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> with Attached Garage		(<input checked="" type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		(<input checked="" type="checkbox"/> X)	
	<input checked="" type="checkbox"/> Mobile Home (manufactured date) <u>1995</u>		(<input checked="" type="checkbox"/> 14 X 52)	<u>728</u>
	<input type="checkbox"/> Addition/Alteration (specify) _____		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> Accessory Building (specify) _____		(<input checked="" type="checkbox"/> X)	
Rec'd for Issuance	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> Special Use: (explain) _____		(<input checked="" type="checkbox"/> X)	
	<input type="checkbox"/> Conditional Use: (explain) _____		(<input checked="" type="checkbox"/> X)	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____		(<input checked="" type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James P. Clements
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 7-25-14

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

At the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line <i>Golden Eagle Dr</i>	Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line <i>E 1/4 34th Ave</i>	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

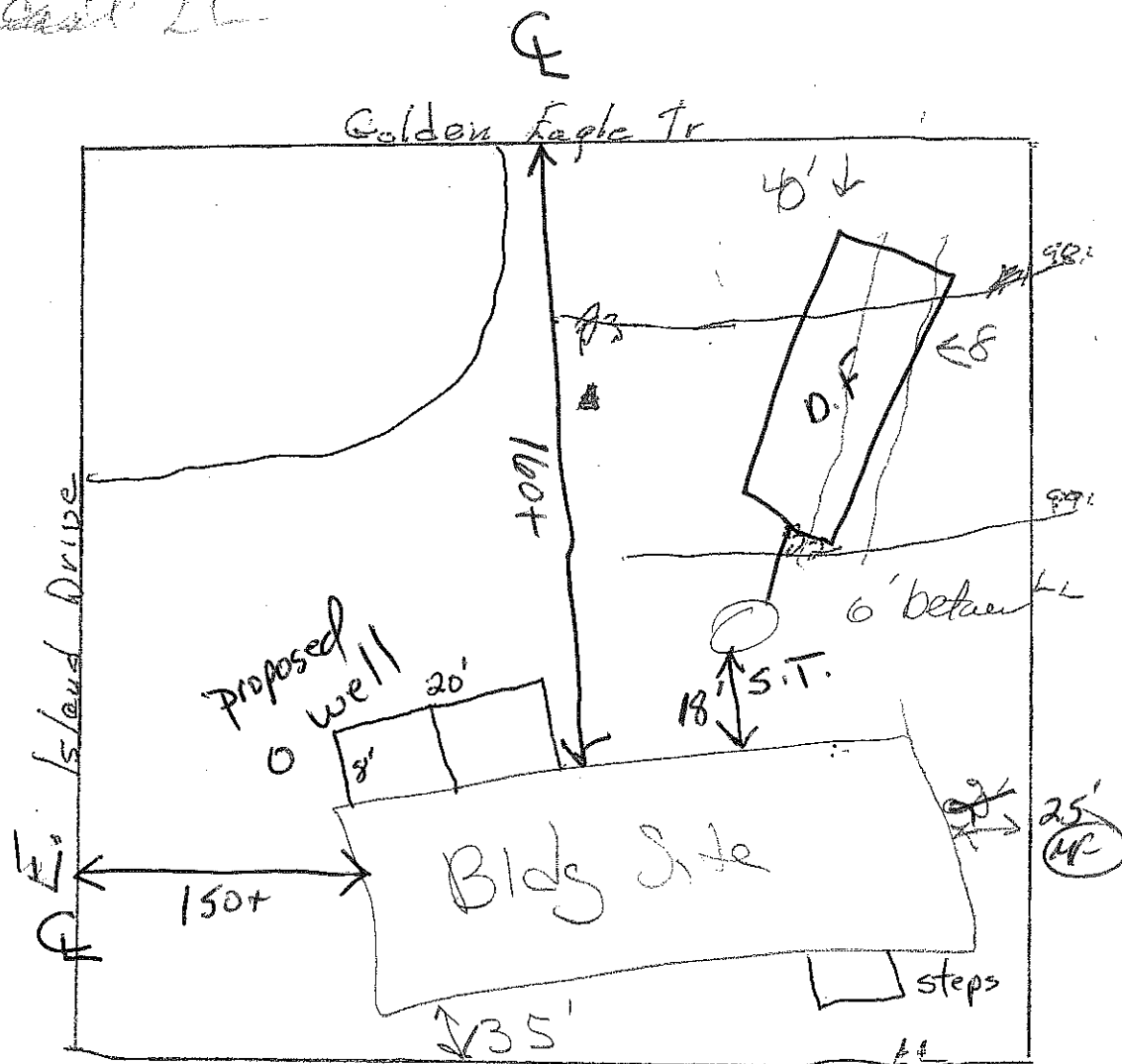
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>14-33 S</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>6-25-14</u>	
Permit Denied (Date):	Reason for Denial:				
Permit #: <u>14-0235</u>	Permit Date: <u>8-1-14</u>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <u>Well studied, Meets all attached.</u>		Zoning District: (R-1) Lakes Classification: (N/A)			
Date of inspection: <u>7-29-14</u>	Inspected by: <u>MP. Fritsch</u>	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: <u>Michael Fritsch</u>		Date of Approval: <u>8-27-14</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

20' from East LL
26X65

↑
N

West
line from S.F.



man hole 43' from EAST LOT LINE

43' li - Centering man hole

6' ST to cell 6' from Septic to cell

40' LL (North) to cell 40' from north lot to cell

8' LH (East) to cell

6' Separator Cells

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 03 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0041
Date:	8-6-14
Amount Paid:	\$8005 65.14
Refund:	\$100 7.8514

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Vincent A & Nolle E Peterson	Mailing Address: 9460 Glacier Rd	City/State/Zip: Washburn WI 54883	Telephone: 651-341-6727						
Address of Property: 52245 Hous Rd	City/State/Zip: Barnes WI 54813		Cell Phone:						
Contractor: Country View by Homes	Contractor Phone: 715-520-6289	Plumber:	Plumber Phone:						
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scot A Boutwell	Agent Phone: 715-635-6284	Agent Mailing Address (include City/State/Zip): 549888	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2.45-09-35-405-001-09000	Recorded Document: (i.e. Property Ownership) Volume 1074 Page(s) 170						
1/4, 1/4	Gov't Lot 1	Lot(s) 3	CSM 467	Vol & Page W2 R71	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size 1.790	Acres 1.79
Section 35, Township 45 N, Range 9 W	Town of: Barnes								
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue -->	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: 60 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Value at Time of Completion * include donated time & material \$ 75,000.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Csew	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/ service contract)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: 40' 0"	Width: 42' 0"	Height: 13' 0"
Proposed Construction:	Length: 56' 0"	Width: 56' 0"	Height: 28' 8"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		()	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		()	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		()	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>		()	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		()	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		()	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/>		()	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		()	
<input type="checkbox"/> Addition/Alteration (specify) Lot A New Roof 1/2 to 4/4	<input type="checkbox"/>		()	836
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		()	
Special Use: (explain)	<input type="checkbox"/>		()	
Conditional Use: (explain)	<input type="checkbox"/>		()	
Other: (explain)	<input type="checkbox"/>		()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) the undersigned (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: ☒ Scot A Boutwell _____ Date: 6-3-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 17921 Old Dump Rd. Trego WI 54888 Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	42.5 Feet	Setback from the Lake (ordinary high-water mark)	60' Feet
Setback from the Established Right-of-Way	410 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	80' Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	10 Feet		
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	5 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

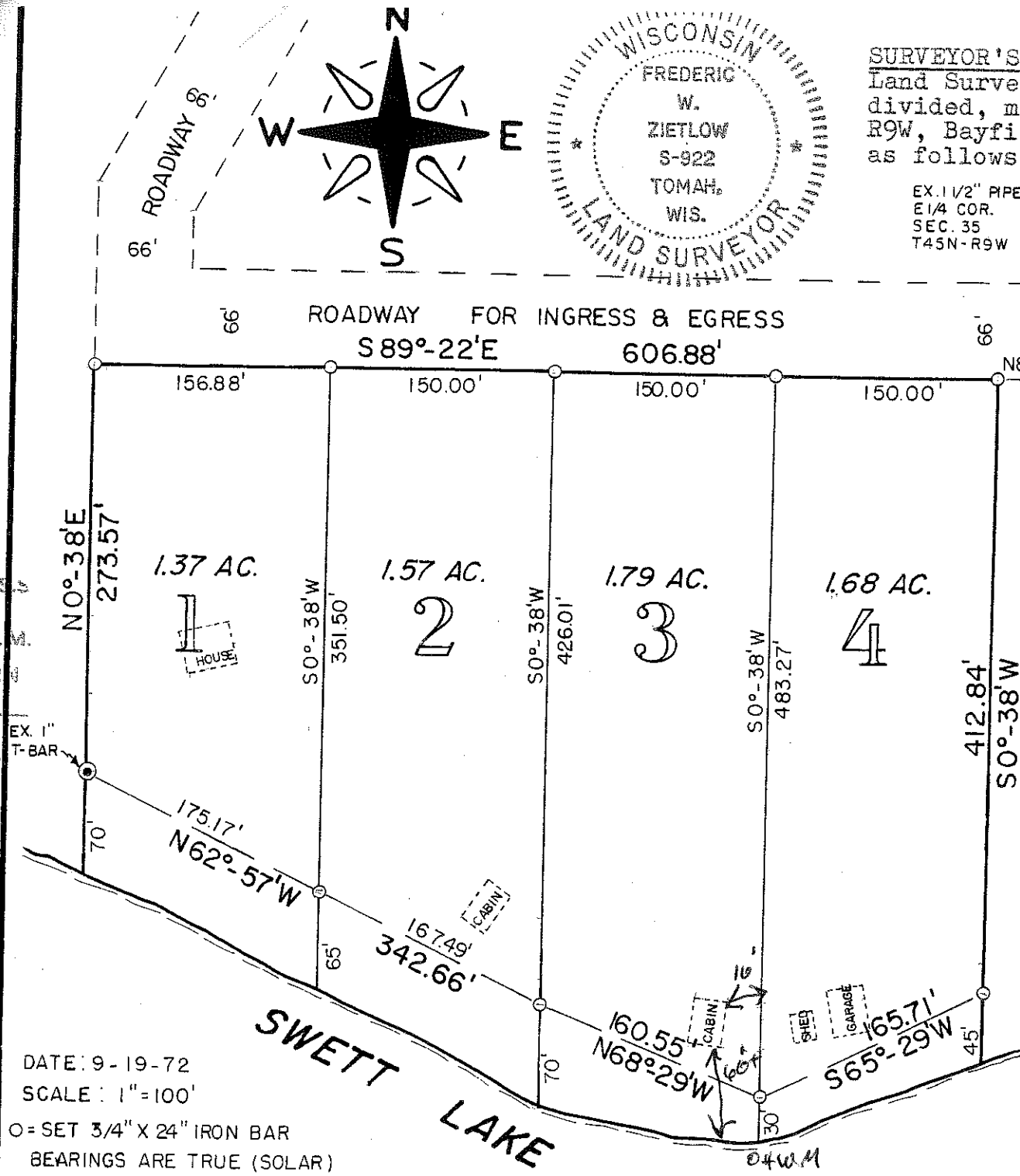
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 367313	# of bedrooms: 3	Sanitary Date: 7-27-00			
Permit Denied (Date):	Reason for Denial:						
Permit #: 14-0041	Permit Date: 8-6-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:							
Non-conforming structure 65' from OHWM.							
Date of Inspection	7-21-14	Inspected by:	7-21-14				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
Signature of Inspector: Mr. Furdak							
Date of Approval: 7-22-14							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

8-6-14

284793

REGISTER'S OFFICE
Bayfield County, Wis.
RECORDED AT 3:00 P.M.
ON DEC 14 1972
Vol. 2 of C.S.M. Page 71
Earl Pedersen
REGISTER OF DEEDS



71
SURVEYOR'S CERTIFICATE I, Frederic W. Zietlow, Reg. Land Surveyor, hereby certify: That I have surveyed, divided, mapped that part of Gov't. Lot 1-Section 35-T45N-R9W, Bayfield County, Wisconsin, bounded and described as follows: Commencing at the E/4 corner of said Section 35;

thence S0°-38'W 1636.83 ft.; thence N89°-22'W 690 ft. to the point of beginning; thence S0°-38'W 412.84 ft. to a point which is 45 ft. more or less from the waters edge of Swett Lake; thence along the Meanderline S65°-29'W 165.71 ft.; thence N68°-29'W 160.55 ft.; thence N62°-57'W 342.66 ft. to a point which is 70 ft. more or less from the waters edge of Swett Lake and the end of the Meanderline; thence N0°-38'E 273.57 ft.; thence S89°-22'E 606.88 ft. to the point of beginning, including all lands lying between the Meanderline and the waters edge of Swett Lake. That such plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof made. That I have made such survey, land division and plat by the direction of Adolph Hans. That I have fully complied with Chapter 236 of the Wisconsin Statutes and the subdivision regulations of Bayfield County.

Frederic W. Zietlow
FREDERIC W. ZIETLOW, REG. LAND SURVEYOR
VACATIONLAND SURVEYOR'S, INC.
Gordon, Wisconsin

000067
C.S.M. No.

CERTIFIED SURVEY MAP

LOCATED IN PART OF G.L. 1, SEC. 35, T45N-R9W, TOWN OF BARNES, BAYFIELD CO., WIS.

DATE: 9-19-72
SCALE: 1"=100'
O= SET 3/4" X 24" IRON BAR
BEARINGS ARE TRUE (SOLAR)

APPROVED BAYFIELD CO. ZONING COMM.
DATE 12-14-72

APPLICATION FOR
RECREATIONAL VEHICLE

Bayfield County Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
AUG 01 2014

ENTERED

Bayfield Co. Zoning Dept.

Office Use:

Application No. 14-0245

Date 8-7-14

Fee Paid \$75 8-1-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Applicant Rick Jackson

Owner
Mailing Address 1725 Lynx Rd

Barnes, WI 54873

Property Address 55805 Wilderness Ct
of RV Barnes, WI 54873

Telephone 218-269-1649 cell (Zenaida) Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request:

Zoning District: R-1, Class 3

1/4 of 1/4 of Section 18 Township 45 N. Range 9 W. Town of Barnes

Gov't Lot Lot 5 Block Subdivision Cree Addition to P.E. CSM #

Volume 771 Page 537 of Deeds Parcel I.D. # 64-004-2-45-09-18-1-00-154-05000 ACREAGE 1.759

Additional Legal Description:

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes (X) No () If Yes, Distance from Shoreline: 75' or greater (X) < 75' to 40' () less than 40' ()

RV: New (X) Replacement ()

Vin # 1076637

Make of RV: FLEETWOOD

Model of RV: Wilderness WILDERNESS 29L

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued:

Sanitary Number Date 7-16-93

Issuance Date 8-7-14 Permit Number 14-0245 Permit Denied (Date)

Reason for Denial:

Inspection Record: Meets all setbacks

By M. Furtak Date of Inspection 8-5-14

Variance (B.O.A.) #

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 12-5-14

Signed Michael Furtak Inspector Date of Approval 8-6-14

Tax ID 3538

Tax Statement in James Hardy - Authorization?

and use frontage road as a guideline, and indicate North (N) on plot plan

Show the RV (Recreation Vehicle) location

1. Show dimensions in feet on the following:

a. RV from centerline of road(s) 63'

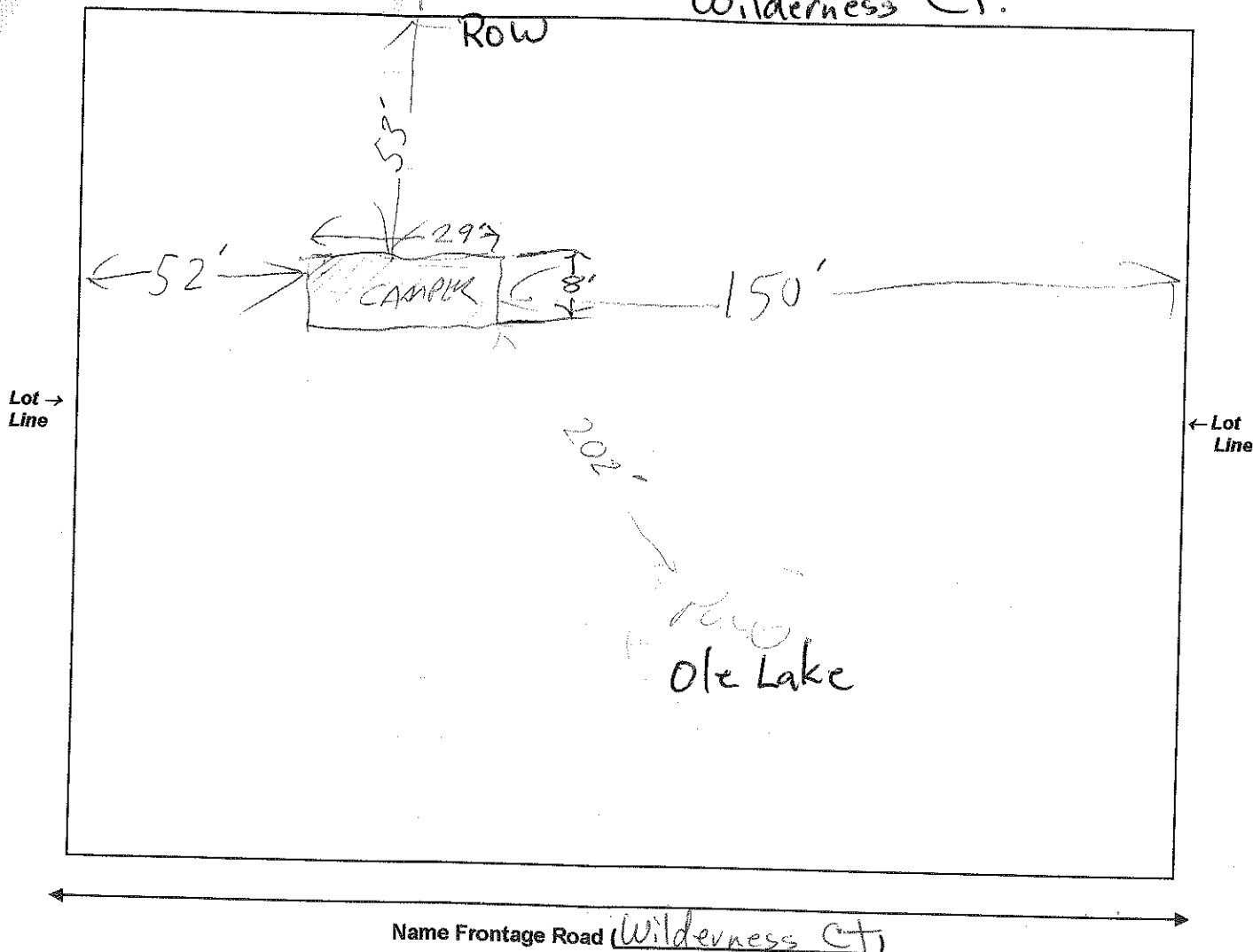
b. RV from right-of-way line 53'

c. RV from property lines 63'

d. RV from lake, river, stream or pond 202'

e. RV from Privy SEPTIC IN PLACE

IMPORTANT
Detailed Plot Plan is Necessary



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

Date

Address to send permit

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE STAMP (received)
AUG 01 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0252
Date: 7-29-14
Amount Paid: \$75 Cash (MF)
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Joel M. Fallin		Mailing Address:		2555 Coyote Rd		City/State/Zip:		Beloit, WI 53511		Telephone:		608 314-4935	
Address of Property:		2730 Fallin Rd		City/State/Zip:		Barnes, WI 54873		Contractor Phone:		492-2156		Plumber:		Plumber Phone:	
Contractor:		John Donnellan		Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		715		PIN: (23 digits)		04-004-2-45-09-20-100-218-42009A		Recorded Document: (i.e. Property Ownership)		Volume 1066		Page(s) 898			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.	
								3						37-37	
Section 20, Township 45 N, Range 9 W		Town of: Barnes		Subdivision:		Meyer & Worthington		Lot Size		Acres		.69			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--Continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--Continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 28	Height: 16
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) garage	(28 X 32)	896
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Joel Fallin Date 7/29/14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Fused to TAX ID 3722

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement ☒
If you recently purchased the property send your Recorded Deed

Look Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

See attachment

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
<i>Falling Easement Rd</i>			
Setback from the Centerline of Platted Road	47 Feet	Setback from the Lake (ordinary high-water mark)	100+ Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	780+ Feet		
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	130 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	40+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	70+ Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <i>14-00552</i>		Permit Date: <i>8-8-14</i>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>on actual setbacks.</i>		Zoning District (R-1) Lakes Classification (2)			
Date of Inspection: <i>8-5-14</i>		Inspected by: <i>M. Swade</i>		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.					
<i>May not be used for human habitation. No water under pressure in structure.</i>					
Signature of Inspector: <i>Michael Swade</i>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input type="checkbox"/>	
Date of Approval: <i>8-6-14</i>					

MAP OF SURVEY

THIS IS A RETRACEMENT SURVEY OF LOTS 2 & 3 AND LOTS 37, 38 AND 39 ALL IN BLOCK 9, MEYER & WORTHINGTON, WISCONSIN PLATTED SUBDIVISION, LOCATED IN SE 1/4, SECTION 20 - T45N - R09W, TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN.

LOTS 37-39 DESCRIPTION:

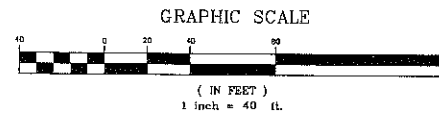
COMMENCING AT THE E1/4 CORNER OF SECTION 20 T45N, R09W
THENCE S 71° 57' 26" W, 1441.39 FEET TO THE POINT OF BEGINNING;
THENCE S 45° 47' 21" W, 140.17 FEET;
THENCE N 47° 03' 36" W, 200.72 FEET;
THENCE N 45° 37' 31" E, 79.13 FEET;
THENCE N 44° 09' 44" E, 61.62 FEET;
THENCE S 46° 52' 24" E, 202.66 FEET TO THE POINT OF BEGINNING.

LOTS 2 - 3 DESCRIPTION:

COMMENCING AT THE E1/4 CORNER OF SECTION 20 T45N, R09W
THENCE S 71° 57' 26" W, 1441.39 FEET;
THENCE S 45° 47' 21" W, 140.17 FEET;
THENCE S 45° 47' 21" W, 30.03 FEET;
THENCE N 45° 58' 16" W, 50.05 FEET TO THE POINT OF BEGINNING;
THENCE S 45° 50' 15" W, 135.67 FEET TO THE NORTHERLY MEANDERLINE OF LITTLE TOMAHAWK LAKE;
THENCE ALONG SAID MEANDERLINE N 39° 55' 16" W, 100.32 FEET;
THENCE LEAVING SAID MEANDERLINE N 45° 50' 15" E, 125.09 FEET;
THENCE S 45° 58' 16" E, 100.10 FEET TO THE POINT OF BEGINNING.

SUBJECT TO ALL EXISTING EASEMENT AND RESERVATIONS.

BEARINGS ARE REFERENCED TO THE EAST LINE OF THE SE 1/4 OF SECTION 20, T45N - R09W: N00°01'02"W BAYFIELD COUNTY GRID; HPGN "HARK" NAD 83(2011)



LEGEND

- FOUND 1 1/2" O.D. IP
- FOUND 3/4" O.D. IP
- FOUND 1" O.D. IP
- SET 5/8" X 18" SQ IRON ROD, WT. = 1.328#/FT
- () PLATTED DISTANCE

CLIENT: JOE FALLIN
SCALE: 1 INCH = 40'
DATE: 6/6/2014
FILE: 204509.dwg

SURVEYOR'S CERTIFICATE

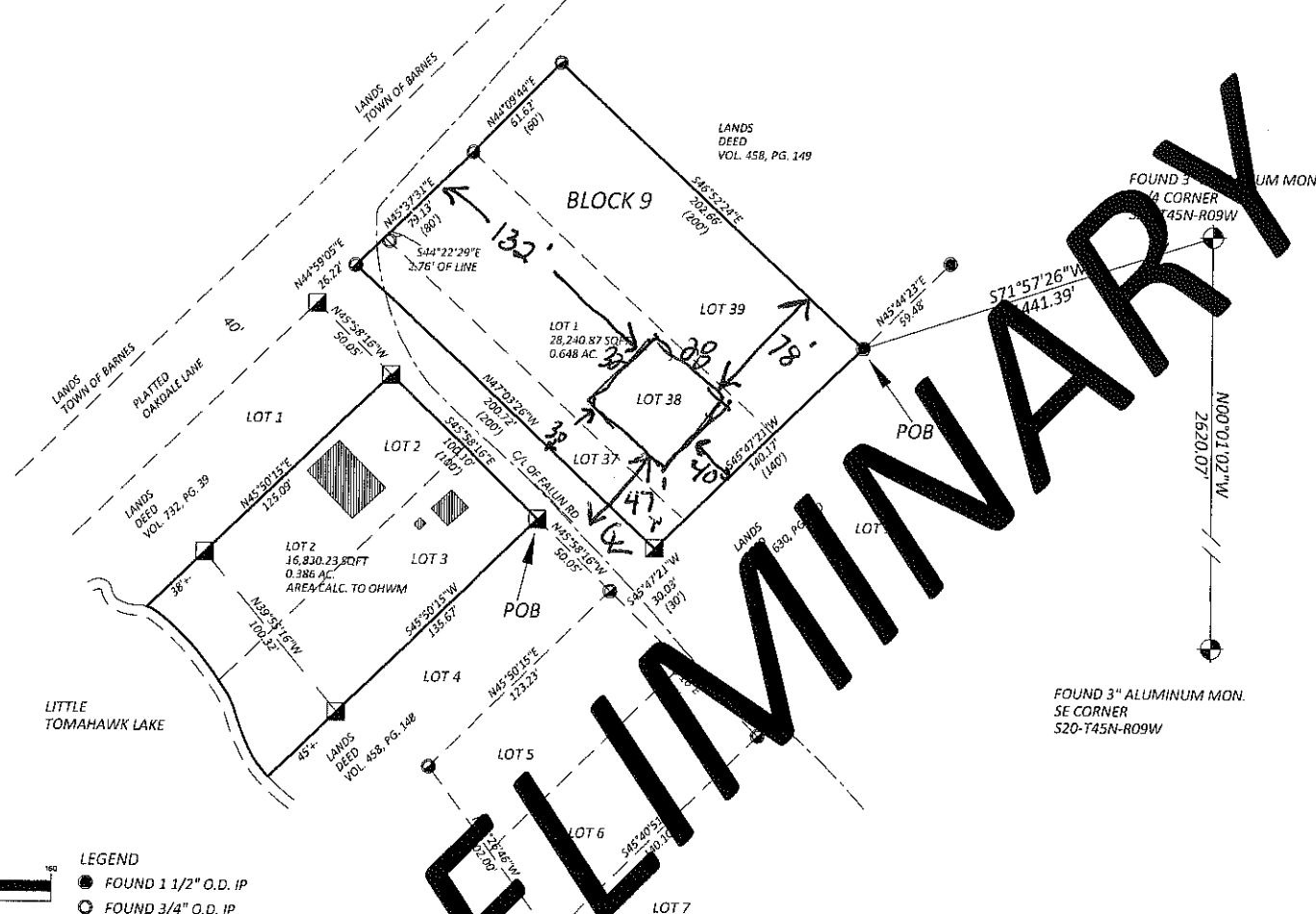
I, TODD C. GOULD, A REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY THAT THIS MAP IS A CORRECT REPRESENTATION OF THE LAND SURVEYED, AND THE DIVISION THEREOF, IN COMPLIANCE WITH CHAPTER A-E 7 OF THE WISCONSIN STATUTES UNDER THE DIRECTION OF JOE FALLIN

TODD C. GOULD

TODD C. GOULD
REGISTERED LAND SURVEYOR
WISCONSIN REG# S-2489
6/6/2014

Point North
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NOTES:
LOTS 2 - 3 HAVE BEEN REESTABLISHED BY EXISTING MONUMENTS OF RECORD SET BY D. MARTIN 12/10/1997.

LOTS 37 - 39 THE SOUTHERLY BOUNDARY HAS ESTABLISHED BY EXISTING MONUMENTS OF RECORD BY D. MARTIN 12/10/1997.
THE NORTHERLY BOUNDARY HAS BEEN LOCATED BY FOUND MONUMENTS - MEASUREMENTS BETWEEN SAID MONUMENTS FIT PLATTED DISTANCES.